

AUG 17 2005

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## FACSIMILE TRANSMITTAL SHEET

TO:	FAX NUMBER:
USPTO Attention:	571-273-8300
Examiner Paul V. Ward	
FROM:	PHONE NUMBER:
Thomas A. Blinka	(908) 298-6791
TOTAL NO. OF PAGES INCLUDING COVER	DATE
23	August 17, 2005

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NOTES/COMMENTS:

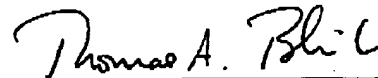
## PLEASE HAND DELIVER

In re Application of: Dmitri A. Pissarnitski *et al.*  
For Patent For: Novel Gamma Secretase Inhibitors  
Group Art Unit: 1623  
Attorney Docket No.: CN01538K1 US/ Serial No.: 10/663,042  
Filed: 09/16/2003

Dear Examiner Ward,

Transmitted herewith are:

- Fax Cover Sheet - 1 Page
- Response Transmittal PTO/SB/21 - 1 Page
- Fee Transmittal PTO/SB.17 - 1 Page in duplicate
- Amendment -and Request for Reconsideration - 17 Pages
- Terminal Disclaimer - 2 Pages

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Thomas A. Blinka  
Registered Representative  
Registration No. 44,541

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PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0851-0031  
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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/663,042	
	Filing Date	09/16/2003	
	First Named Inventor	PISSARNITSKI, Dmitri A.	
	Art Unit	1623	
	Examiner Name	Paul V. Ward	
Total Number of Pages in This Submission	23	Attorney Docket Number	CN01538K1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

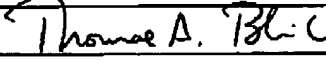
Fax Cover Sheet - 1 Page

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Schering-Plough Corporation		
Signature			
Printed name	THOMAS A. BLINKA		
Date	08/17/2005	Reg. No.	44,541

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Signature			
Typed or printed name	THOMAS A. BLINKA	Date	08/17/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/663,042
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 130.00)		Filing Date	09/15/2003
		First Named Inventor	PISSARNITSKI, Dmitri A.
		Examiner Name	Paul V. Ward
		Art Unit	1623
		Attorney Docket No.	CN01538K1

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>19-0365</u> Deposit Account Name: <u>Schering-Plough Corporation</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
0 - 20 or HP =		x			Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =		x					
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/ 50 =	(round up to a whole number) x					
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other: Terminal Disclaimer - 2 Pages							130.00

<b>SUBMITTED BY</b>			
Signature	<u>Thomas A. Blinka</u>	Registration No. (Attorney/Agent)	44,541
Name (Print/Type)	THOMAS A. BLINKA	Telephone	908-298-6791
		Date	08/17/2005

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